

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

\$500.00

DOCUMENT # A26309

1. Entity Name
BETHAMY LIVING CENTER LIMITED PARTNERSHIP



FILED
07 JAN 23 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046

Mailing Address
7125 THOMAS EDISON DRIVE, SUITE 225
COLUMBIA, MD 21046



2. Principal Place of Business - No P.O. Box #
7150 Columbia Gateway Dr.
 Suite, Apt. #, etc.
Suite 1

3. Mailing Address
7150 Columbia Gateway Dr.
 Suite, Apt. #, etc.
Suite 1

01102007 Chg-LP CR2E003 (12/06) **07**

City & State
Columbia, MD

City & State
Columbia, MD

4. FEI Number
59-2897332

Zip
21046

Country

Zip

21046

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

500086453635
01/29/07--01007--023 **1400.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M72633	STREET ADDRESS	7150 Columbia Gateway Drive, Ste 1
NAME	BETHAMY LIVING CTR MGMT	CITY-ST-ZIP	Columbia, MD 21046
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225		
CITY-ST-ZIP	COLUMBIA, MD 21046		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

TIM TRYBIS

1/10/07

442.539.2350